

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>214523755</b>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>Safety National Casualty Corporation</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CT CORPORATION SYSTEM</b>  <b>4701 COX ROAD, SUITE 285</b>  <b>GLEN ALLEN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>MO</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>5/31/2014</b></p> <p>SCC ID NO: <b>F0542995</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> <tr> <td>PREFER</td> <td>1,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	5,000	PREFER	1,000,000
CLASS	AUTHORIZED							
COMMON	5,000							
PREFER	1,000,000							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 1832 SCHUETZ RD</p> <p style="margin-left: 40px;">CITY/ST/ZIP: ST LOUIS, MO 63146</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: STEVEN FRANCIS LUEBBERT  TITLE: COO &amp; Asst Sec  ADDRESS: 648 SHERWOOD  CITY/ST/ZIP/CO: WEBSTER GROVES, MO 63119 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: STEVEN FRANCIS LUEBBERT TITLE: COO & Asst Sec ADDRESS: 648 SHERWOOD CITY/ST/ZIP/CO: WEBSTER GROVES, MO 63119	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
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NAME: DUANE ALLEN HERCULES TITLE: PRESIDENT ADDRESS: 5 TWIN SPRINGS LANE CITY/ST/ZIP/CO: ST LOUIS, MO 63124	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JEFFREY WILLIAM OTTO  TITLE: SECRETARY  ADDRESS: 345 MERLOT LANE  CITY/ST/ZIP/CO: ST. ALBANS, MO 63073 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JEFFREY WILLIAM OTTO TITLE: SECRETARY ADDRESS: 345 MERLOT LANE CITY/ST/ZIP/CO: ST. ALBANS, MO 63073	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
NAME: JEFFREY WILLIAM OTTO TITLE: SECRETARY ADDRESS: 345 MERLOT LANE CITY/ST/ZIP/CO: ST. ALBANS, MO 63073	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR						
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: STEVEN ANDREW HIRSH  TITLE: DIRECTOR  ADDRESS: 1895 LAKE AVENUE  CITY/ST/ZIP/CO: HIGHLAND PARK, PA 60035 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: STEVEN ANDREW HIRSH TITLE: DIRECTOR ADDRESS: 1895 LAKE AVENUE CITY/ST/ZIP/CO: HIGHLAND PARK, PA 60035	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
NAME: STEVEN ANDREW HIRSH TITLE: DIRECTOR ADDRESS: 1895 LAKE AVENUE CITY/ST/ZIP/CO: HIGHLAND PARK, PA 60035	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR						

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ICHIRO ISHII DIRECTOR 1-2-1 MARUNOUCHI TOKYO,100-0,JAPAN , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES MICHAEL LITVACK DIRECTOR 61 LAUREL RD PRINCETON, NJ 08540	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES NORBERT MEEHAN DIRECTOR 425 SOUTH BELMONT ARLINGTON HEIGHTS, IL 60005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILIP ROBERT OCONNOR DIRECTOR 1318 WEST GEORGE STREET #3C CHICAGO, IL 60657	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT ROSENKRANZ DIRECTOR 435 E. 52ND STREET #14A NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD ALLEN SHERMAN DIRECTOR 870 5TH AVENUE #11- H NEW YORK, NY 10021	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Eugene R Maier VP & CUO 13733 AMIOT DRIVE St. Louis, MO 63146	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JEFFREY WILLIAM OTTO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JEFFREY WILLIAM OTTO, SECRETARY PRINTED NAME AND CORPORATE TITLE	5/5/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			